

Attachment 3

Office of Administration Commissioner's Office

Reimbursement Request: for Other Services

Program: **Alternatives to Abortion**

Contractor: LFCS

Subcontractor: Catholic Charities of KC-St. Joseph,

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved before purchased/provided to be reimbursed.

Client Name [REDACTED] Date Enrolled 2/13/2017

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
2/16/2017	Wisconsin Birth Certificate	\$21.00 \$20.00 Birth Certificate \$1.00 cost of money order	Client in need of birth certificate for replacement of identification that has been lost.
Amt to be reimbursed		\$21.00	

Under section 2.7.4 of the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.

Please return to Alternatives to Abortion Program Manager, State of Missouri- Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to emily.kraft@oa.mo.gov by the Contractor only.

Authorized person requesting Purchase: Lineth Settehend

Purchase is Approved Denied A2A Signature _____ Date _____

Reason for denying Purchase: _____

WISCONSIN BIRTH CERTIFICATE APPLICATION
(for Mail or In-Person Requests)

TYPE or PRINT.

PENALTIES: Any person who illegally possesses any vital record with knowledge that the vital record has been illegally obtained is guilty of a Class I felony [a fine of not more than \$10,000 or imprisonment of not more than 3 years and 6 months, or both, per Wis. Stat. § 69.24(1)].

I. APPLICANT INFORMATION	CURRENT NAME - First		Last		MAIL TO NAME - First (<i>if different</i>)		Last		
	YOUR STREET ADDRESS (<i>CANNOT be a P.O. Box address</i>) Apt. No				MAIL TO ADDRESS (<i>if different</i>) Apt. No				
	City		State	ZIP Code	City		State	ZIP Code	
	DAYTIME TELEPHONE NUMBER ()				EMAIL ADDRESS				
	TYPE OF CURRENT VALID PHOTO ID (See item 4 on page 2.)		PHOTO ID NUMBER			STATE OF ISSUANCE		EXPIRATION DATE	

II. APPLICANT'S RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE	Per Wis. Stat. § 69.20(1), a CERTIFIED copy of a birth certificate is only available to those with a "direct and tangible interest." (A-E)								
	CHECK ONE box which indicates YOUR RELATIONSHIP to the PERSON NAMED on the birth certificate.								
	A.	<input type="checkbox"/> I am the PERSON NAMED on the birth certificate.							
	B.	<input type="checkbox"/> I am a member of the immediate family of the person named on the birth certificate.							
		<input type="checkbox"/> Parent (My name is on the birth certificate and my parental rights have not been terminated.)							
		<input type="checkbox"/> Brother / Sister		<input type="checkbox"/> Current Spouse		<input type="checkbox"/> Child			
		<input type="checkbox"/> Maternal Grandparent		<input type="checkbox"/> Paternal Grandparent		<input type="checkbox"/> Current Domestic Partner (registered in the Wis. Vital Records System)			
C.	<input type="checkbox"/> I am the legal custodian or guardian of the person named on the birth certificate.								
D.	<input type="checkbox"/> I am a representative authorized by any person in category A, B or C, including an attorney.								
Specify the person you represent: _____									
E.	<input type="checkbox"/> I can demonstrate the birth certificate is necessary for the determination or protection of a personal or property right.								
Specify your interest: _____									
F.	<input type="checkbox"/> None of the above. I am requesting an uncertified copy. (Copy will not be valid for identity or legal purposes.)								
NOTE: Grandchildren, stepparents, stepchildren and stepbrothers / stepsisters may only obtain certified copies as categories C-E.									
PURPOSE FOR WHICH CERTIFICATE IS REQUESTED:									

III. FEES	First Copy Fee		\$ 20.00	20.00
	Each additional copy of the same record, issued at the same time as the first copy		X \$ 3.00	\$ 0.00
	Number of additional copies			
	FEE IS <u>NOT</u> REFUNDABLE IF NO RECORD IS FOUND. CANCELLATION REQUESTS ARE <u>NOT</u> ACCEPTED.		TOTAL	

Submit your application materials and fee to: STATE VITAL RECORDS OFFICE / PO BOX 309 / MADISON, WI 53701-0309

Be sure to include: completed form, acceptable identification, payment,
 self-addressed, stamped, business-size envelope, and any additional proof or authorization required

Make check or money order payable to: STATE OF WIS. VITAL RECORDS

IV. BIRTH RECORD INFORMATION	BIRTH NAME - First		Middle	Last Name as it appears on the birth certificate	
	SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHDATE (MM/DD/YYYY)	PLACE OF BIRTH - County	PLACE OF BIRTH – City, Village, or Township
	PARENT'S BIRTH NAME – First		Middle	Last	
	PARENT'S BIRTH NAME – First		Middle	Last	

I hereby attest that the information provided on this application is correct to the best of my knowledge and belief and that I am entitled to copies of the requested birth certificate in accordance to the categories listed above.

SIGNATURE (Applicant) _____ Date Signed (MM/DD/YYYY) _____



Important: Signature and payment are required for processing.